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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>SUPP-P01-011</b>	
		First Inventor <b>Helen Blau</b>	
		Title <b>METHODS FOR TREATING DISORDERS OF NEURONAL DEFICIENCY WITH BONE MARROW-DERIVED CELLS</b>	
		Express Mail Label No. <b>EV301210560US</b>	

  

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>66</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>11</b>]</span> 5. Oath or Declaration <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 10px;">  </span>]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>
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<b>ACCOMPANYING APPLICATIONS PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span> 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	

  

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation   
 ☐ Divisional   
 ☒ Continuation-in-part (CIP)   
 of prior application No.: **09/993045**  
 Prior application information: Examiner **Not Yet Assigned**    Art Unit: **N/A**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 0 20px;"><b>28120</b></span> OR <input type="checkbox"/> Correspondence address below					
Name <b>ROPES &amp; GRAY LLP Matthew P. Vincent</b>					
Address <b>One International Place</b>					
City	<b>Boston</b>	State	<b>MA</b>	Zip Code	<b>02110-2624</b>
Country	<b>US</b>	Telephone	<b>(617) 951-7000</b>	Fax	<b>(617) 951-7050</b>

  

Name (Print/Type) <b>John D. Quisel</b>	Registration No. (Attorney/Agent) <b>47,874</b>
Signature	Date <b>October 16, 2003</b>

  

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV301210560US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **10/16/03**     
 Signature: (Joanne Ryan)

 19587 U.S. PTO  
 10/688747


16711 U.S. PTO  
10/16/03

Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004				Compleat if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
				Filing Date	October 16, 2003
				First Named Inventor	Helen Blau
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	SUPP-P01-011
TOTAL AMOUNT OF PAYMENT		(\$)		565.00	

  

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">18-1945</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Ropes &amp; Gray LLP</span>					
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	385.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		385.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims: <span style="border: 1px solid black; padding: 0 5px;">40</span> -20** = <span style="border: 1px solid black; padding: 0 5px;">20</span> x <span style="border: 1px solid black; padding: 0 5px;">9.00</span> = <span style="border: 1px solid black; padding: 0 5px;">180.00</span> Independent Claims: <span style="border: 1px solid black; padding: 0 5px;">3</span> -3** = <span style="border: 1px solid black; padding: 0 5px;"></span> x <span style="border: 1px solid black; padding: 0 5px;"></span> = <span style="border: 1px solid black; padding: 0 5px;">0.00</span> Multiple Dependent: <span style="border: 1px solid black; padding: 0 5px;"></span> = <span style="border: 1px solid black; padding: 0 5px;"></span>					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		180.00	
**or number previously paid, if greater; For Reissues, see above					
				Other fee (specify): <span style="border: 1px solid black; padding: 2px;"> </span>	
				*Reduced by Basic Filing Fee Paid    SUBTOTAL (3) (\$) <div style="display: flex; justify-content: space-between; width: 100%;"> <span>0.00</span> <span>0.00</span> </div>	

  

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	John D. Quisel	Registration No. (Attorney/Agent)	47,874
Signature		Telephone	(617) 951-7685
		Date	October 16, 2003

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Dated: 10/16/03      Signature:       (Joanne Ryan)